



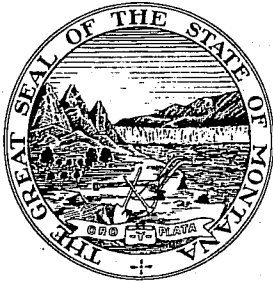
OFFICE OF THE STATE PUBLIC DEFENDER

RANDI HOOD
CHIEF PUBLIC DEFENDER

EXHIBIT 14

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

Name (please print)		Date of Birth
I authorize		
<input type="checkbox"/> to disclose and give copies to the Office of the State Public Defender, the following information now in your possession or control and to answer any questions that may be asked regarding this information.		
This authorization covers the approximate time period	From	To
<input type="checkbox"/> Any and All treatment		
Medical treatment record(s) requested		
<input type="checkbox"/> Entire Record <input type="checkbox"/> history and physical <input type="checkbox"/> admission/intake form <input type="checkbox"/> pharmacy records <input type="checkbox"/> treatment/progress notes	<input type="checkbox"/> laboratory reports/studies <input type="checkbox"/> radiographs/MRI's/imaging studies <input type="checkbox"/> physician's orders <input type="checkbox"/> nursing notes	<input type="checkbox"/> medications sheets <input type="checkbox"/> discharge summary/orders <input type="checkbox"/> HIV/AIDS diagnosis/treatment records <input type="checkbox"/> other
Mental health treatment record(s) requested		
<input type="checkbox"/> Entire Record <input type="checkbox"/> history & physical <input type="checkbox"/> education assessment <input type="checkbox"/> psychological testing	<input type="checkbox"/> diagnosis/assessment <input type="checkbox"/> progress/treatment notes <input type="checkbox"/> observation report <input type="checkbox"/> competency/sanity evaluations	<input type="checkbox"/> physicians orders <input type="checkbox"/> medication sheets <input type="checkbox"/> discharge summary/orders <input type="checkbox"/> other
Drug and alcohol treatment information requested		
<input type="checkbox"/> Entire Record <input type="checkbox"/> substance abuse evaluation	<input type="checkbox"/> discharge summary/orders <input type="checkbox"/> progress/treatment notes	<input type="checkbox"/> diagnosis or testing instrument <input type="checkbox"/> other
<input type="checkbox"/> other records Specify: (e.g. SSA, DPHHS, billing/payment, vocational)		
The purpose of this disclosure is: <i>legal purposes</i>		This consent expires: <i>one year from the date of signing</i>
I understand that:		
<ul style="list-style-type: none">▶ The requested information may not be protected from re-disclosure by the Office of the State Public Defender; However, if this information is protected by the Federal Substance Abuse Confidentiality Regulations (42 C.F.R., part 2), the Office of the State Public Defender may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.▶ I may refuse to sign this authorization and that my refusal will not result in the termination of my representation or ability to obtain treatment, services, or affect my eligibility for benefits.▶ I may have a copy of this authorization▶ A photocopy/fax of this release is valid and may be used in lieu of the original.▶ I may revoke this authorization in writing at any time.		
I have read this authorization and by signing acknowledge that I knowingly and freely consent to the disclosure of this information.		
Signature (or signature of person authorized to sign)		Date of Signing
The authorized person signing above is the: <input type="checkbox"/> parent <input type="checkbox"/> legal guardian <input type="checkbox"/> other		
I no longer wish to share the information indicated above with the Office of the State Public Defender and hereby revoke this authorization.		
Signature		Date



OFFICE OF THE STATE PUBLIC DEFENDER

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ADULT INITIAL CLIENT INTERVIEW FORM (Mental Health)

PART I: Preparation for Interview of Adult Client facing involuntary commitment

Have you?

☐ Set aside enough time to conduct a thorough interview

Obtained and carefully reviewed:

☐ Petition and other court documents?

☐ Professional person report or other documents pertaining to the clients behavioral health concerns?

☐ Familiarized yourself with the basic facts and persons involved?

☐ The statutory elements of involuntary commitment?

When you conduct the interview do you have with you?

☐ All relevant forms

☐ Form OPD-MH1 (ROI)

☐ Title 53, M.C.A. (Social Services)

☐ Give the client your business card with telephone number

Reminder: During the initial interview, be sure to gather as much information as possible about the client's current or past mental health services, and current or past medical care.

PART II: Conducting an initial meeting with the Mental Health Client

NOTE: The client may be scared and confused. Use your best, calmest tone of voice and facial expressions while treating the client with dignity and respect. For further information, refer to Dr. Laura Wendlandt's presentation on overcoming obstacles in communication, located at www.publicdefender.mt.gov/training/

- ☐ Introduce yourself to the client by name
- ☐ Explain your role as the client's attorney

If the initial meeting takes place at a hospital or detention facility or at some other institutional setting

- ☐ Explain that you are not a member of the facility staff

Explain that your conversation is confidential and that the client should not reveal the matters you will discuss with him/her to facility staff or others

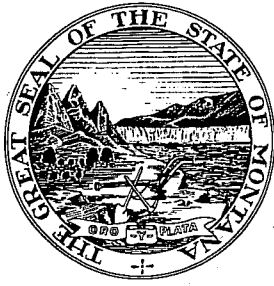
Ask the client:

- ☐ Client's age Date of Birth
- ☐ Client's residential address
- ☐ Client's phone number(s)
- ☐ Name and contact information of his/her close family or friends
- ☐ Whether the client wants you to contact family/friends
- ☐ Why are you here today?
- ☐ Identify all potential witnesses (with contact information)
- ☐ Ensure that the client does not waive appointment of counsel.
- ☐ Explain the commitment court process, timelines, and the role of all the parties involved, such as judge, county attorney, court appointed Mental Health Professional, treating professionals, the "friend of the respondent", hospital staff, and the mental health expert to be employed by the respondent

Reminder: Remember to review the Montana Public Defender Standards pertaining to Representation of a Respondent in a Proceeding for Involuntary Commitment – Mental Illness. Those standards can be found at http://www.publicdefender.mt.gov/docs/policy/StandardsCounsel_RevisedFinal.pdf Beginning at page 57.

PART III: Post Interview Considerations

- ☐ Attempt to interview all persons who have knowledge of the circumstances surrounding the involuntary commitment petition or emergency detention, including:
 - ☐ The petitioner and the police officers who detained the client;
 - ☐ The mental health providers, social workers, and other persons who have examined or treated the respondent during the current involuntary commitment or emergency detention proceedings;
 - ☐ Previous mental health treatment providers, if any;
 - ☐ The respondent's family, guardian or acquaintances;
 - ☐ Any other persons who may provide relevant information.
- ☐ Facilitate the exercise of the respondent's rights to be examined by a professional person of the respondent's choice
- ☐ If you decide to retain a mental health expert, make sure that person discusses with the client the various medications that the respondent has been prescribed to address the respondent's mental illness including:
 - ☐ The effectiveness of the medication
 - ☐ The longterm effects
 - ☐ Side effects of each



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INITIAL CLIENT INTERVIEW FORM (Adult Criminal)

PART I: Preparation for Interview of Adult Client

<p>Have you?</p> <p><input type="checkbox"/> Set aside enough time to conduct a thorough interview</p> <p>Obtained and carefully reviewed:</p> <p><input type="checkbox"/> Information, Affidavit, and other court documents?</p> <p><input type="checkbox"/> Police reports or other probable cause documents?</p> <p><input type="checkbox"/> Familiarized yourself with the basic facts and persons involved?</p> <p><input type="checkbox"/> The statutory elements of the offense charged?</p>
<p>When you conduct the interview do you have with you?</p> <p><input type="checkbox"/> All relevant discover</p> <p><input type="checkbox"/> Form OPD-MH1 (ROI)</p> <p><input type="checkbox"/> Titles 45(Montana Criminal Code), and Title 46, M.C.A. (Montana Criminal Procedure)</p> <p><input type="checkbox"/> Give the client your business card with telephone number</p>

PART II: Conducting the initial interview

Name (please print)	
Phone	Attorney
<input type="checkbox"/> I. Arrest Information The clients version of arrest, <input type="checkbox"/> a. Date of arrest <input type="checkbox"/> b. Location of arrest <input type="checkbox"/> c. Others Involved <input type="checkbox"/> d. Taken to jail? Y/N If so, where <input type="checkbox"/> e. with or without warrant; whether client was searched and if anything was seized, with or without warrant or consent; <input type="checkbox"/> f. whether client was interrogated and, if so, whether a statement given; <input type="checkbox"/> g. client's physical and mental status at the time any statement was given; <input type="checkbox"/> h. whether any exemplars were provided and whether any scientific tests were performed on client's body or bodily fluids;	
<input type="checkbox"/> II. Co-Defendants <input type="checkbox"/> a. The names and custodial status of all co-defendants and; <input type="checkbox"/> b. the name of counsel for co-defendants; if counsel has been appointed or retained	
<input type="checkbox"/> III. Witnesses <input type="checkbox"/> a. The names and locating information of any witnesses to the crime and/or the arrest, regardless of whether these are witnesses for the prosecution or for the defense <input type="checkbox"/> b. the existence of any tangible evidence in the possession of the State, which counsel should take steps to insure is preserved;	
<input type="checkbox"/> IV The client's physical and mental health, educational, vocational and armed services history <input type="checkbox"/> a. currently under the care of a physician <input type="checkbox"/> b. currently under the care of a mental health provider <input type="checkbox"/> 1. past care by a mental health provider <input type="checkbox"/> 2. past care by an inpatient mental health facility <input type="checkbox"/> c. armed services history <input type="checkbox"/> 1. when and for how long <input type="checkbox"/> 2. where stationed <input type="checkbox"/> 3. discharge information	
<input type="checkbox"/> V. The client's immediate medical needs <input type="checkbox"/> a. is there a including the need for medication <input type="checkbox"/> b. detoxification programs and/or substance abuse treatment	
<input type="checkbox"/> VI. The client's past criminal record <input type="checkbox"/> a. arrests and convictions for adult offenses <input type="checkbox"/> b. arrests and convictions for juvenile offenses <input type="checkbox"/> c. prior record of court appearances or failure to appear in court <input type="checkbox"/> d. Does the client have any pending charges or outstanding warrants from other <input type="checkbox"/> e. jurisdictions or agencies and also whether <input type="checkbox"/> f. Is client on probation or parole and the	

☐ 1. client's past or present performance under supervision

☐ VII. Collateral Contacts

☐ a. The names of individuals or other sources that counsel can contact to verify the information provided by the client;

☐ b. counsel should obtain the permission of the client before contacting these individuals-use the OPD-MH1 form

☐ VIII. Competence

☐ a. Where appropriate, evidence of the client's competence to stand trial and/or

☐ b. mental state at the time of the offense

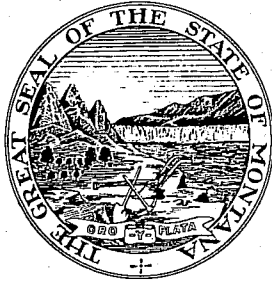
☐ c. obtain releases from the client for any records of treatment or testing for mental health or developmental disability

☐ IX. Citizenship status

☐ a. Client is a United States Citizen

☐ b. Client is a resident alien

☐ c. Client has applied for citizenship (currently on Visa)



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INITIAL CLIENT INTERVIEW FORM (Juvenile)

PART I: Preparation for Interview of Youth

<p>Have you?</p> <p><input type="checkbox"/> Set aside enough time to conduct a thorough interview</p> <p>Obtained and carefully reviewed:</p> <p><input type="checkbox"/> Petition and other court documents?</p> <p><input type="checkbox"/> Police reports or other probable cause documents?</p> <p><input type="checkbox"/> Familiarized yourself with the basic facts and persons involved?</p> <p><input type="checkbox"/> The statutory elements of the offense charged?</p>
<p>When you conduct the interview do you have with you?</p> <p><input type="checkbox"/> All relevant discovery</p> <p><input type="checkbox"/> Form OPD-MH1 (ROI)</p> <p><input type="checkbox"/> Titles 41, M.C.A. (Montana Youth Court Act), Title 45 (Montana Criminal Code), and Title 46, M.C.A. (Criminal Procedure)</p> <p><input type="checkbox"/> Give the client your business card with telephone number</p>

PART II: Conducting an initial meeting with the youth and the parent

NOTE: The potential for a conflict of interest between the accused juvenile client and his or her parents should be clearly recognized and acknowledged. You must inform the parent that you are their child's lawyer and that in the event of a disagreement between a parent or guardian and the youth, you are required to serve exclusively the in interest of the youth.

- ☐ Introduce yourself to the youth and to the parent by name and affiliation
- ☐ Explain your role as the youth's attorney

Find out:

- ☐ Youth's age
 - ☐ Youth's residential address
 - ☐ Youths phone number(s)
 - ☐ Name of parent or guardian
 - ☐ School attended and grade
 - ☐ Names of siblings and other family members
-
- ☐ Inform the parent that your primary role as the youth's lawyer is to represent their child's perspective alone and not the child's best interests or their interests.
 - ☐ Ensure that the youth does not waive appoint of counsel.
 - ☐ Explain the charges and possible dispositions;
 - ☐ Explain the youth court process, timelines, and the role of all the parties involved, such as judge, prosecutor, probation staff, guardian ad litem, counsel, youth and parent
 - ☐ Explain the nature of attorney-client confidentiality
 - ☐ Inform the youth and parent not to make statements to anyone concerning the offense;
 - ☐ Obtain signed releases by the youth and parent for medical and mental health records, school records, employment records, and other necessary records.
 - ☐ Advise the youth of the potential use of this information and the privileges that attach to this information

PART III: Conducting the initial meeting with the youth

- ☐ Identify yourself as the youth's lawyer and make sure the youth understands what your job is
- ☐ If the initial meeting takes place at a detention facility or at youth probation, explain that you are not a member of the facility staff
- ☐ Explain that your conversation is confidential and that the youth should not reveal the matters you will discuss with him/her to facility staff or others, including the youth's parent or guardian, the youth probation officer, and other youths
- ☐ Inform the youth that (s)he has a right to remain silent

Ask the youth:

- ☐ How did you get arrested?
- ☐ What are the charges against you?
- ☐ Did you make any statements to:
 - Police
 - Witnesses
 - Parents
 - Friends
 - Teachers or counselors
 - Others?
- ☐ Identify all potential witnesses (with contact information)
- ☐ Identify all co-defendants (charged or uncharged)

Did you?

- ☐ Advise the youth of all available options, as well as the practical and legal consequences of those options?

PART IV: Additional concerns and questions re: BAIL

- ☐ Youth's residence and length of time at the residence;
- ☐ Youth's legal custodian and physical custodian with names, addresses, and phone numbers;
- ☐ Mental and physical health and employment background, if any;
- ☐ School placement, status, attendance, and whether the youth qualifies for special education;
- ☐ Whether the youth or the youth's family had previous contact with the youth court system and the outcome of that contact;
- ☐ Identify any adults who might be willing to assume responsibility for the youth
- ☐ Obtain useful social information, including the youth's home behavior, school performance, involvement with special education services, past or present, employment, and other information concerning the youth's ability to stay out of trouble if released, and the parent's ability to control and discipline the youth.

PART V: Post Interview Considerations

- ☐ Solicit the support of social workers and other experts
- ☐ Know and understand the range of services available to the youth
- ☐ Maintain the attorney-client privilege with the understanding that you represent the youth alone and not the youth's parents or guardians.
- ☐ If you have had difficulty communicating with the youth because of language or other disability, secure the assistance of such experts as are necessary to communicate with the youth.
- ☐ Actively prepare the youth for any interview with the youth probation officer and accompany the youth to any such interview



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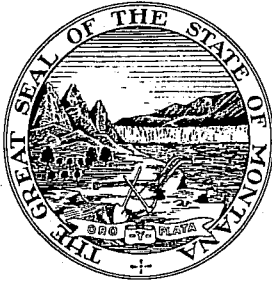
DN CASE OVERVIEW FORM

Parent/Client		Relationship to child(ren)	
Address			
Mailing Address			
Phone		Message Phone	
Employed By		Employer Phone	
Child(ren)	(DOB)	(DOB)	(DOB)
Attorney for child(ren)			
GAL		Phone	
CASA		Phone	
Other Parent(s)		Attorney	Phone
		Attorney	Phone
Intake Appointment			
Follow up appointments			
Parent's immediate goals			
Long term goals			
Possible placement options		Address and Phone	
DPHHS (or CFS) Intake Social Worker			
Case Social worker		Phone	
Case Supervisor		Phone	
Therapists/counselors		for	Phone
(or "Treatment Providers")		for	Phone

- ☐ Advise of contact and necessity of information up-dates
- ☐ Advise of difference between TIA and TLC and timelines
- ☐ Advise of treatment plan tasks/requirements (cde, treatment, parenting class, anger management, psych eval, mental health treatment, releases, visitations, appointments with social worker, no contact order, etc.)
- ☐ Advise of FGDM
- ☐ Advise of potential worst consequences (permanent custody, Timelines, adoption)
- ☐ Advise of collateral consequences (criminal charges, other children in home even if not related, unborn children, divorce/separation, parenting plan, etc.)
- ☐ Advise parents represented by different attorneys – client confidentiality
- ☐ Advise social worker represented by State – need to work with social worker, leave legal battles to attorneys
- ☐ Advise visitation with child(ren) likely through social worker and/or Family Support Network – to observe parenting skills
- ☐ Advise of next court appearance

CASE TIMELINE

ACTION	DATE
AFFIDAVIT OF INTAKE SOCIAL WORKER	
PETITION FOR EPS, ADJUDICATION, AND TLC (or EPS & TIA)	
SHOW CAUSE:	
TIA:	
TLC:	
XTLC:	
XTLC:	
Status Hearing:	
Status Hearing:	
OTHER HEARINGS:	
PERMANENCY HEARING	
PERMANENCY HEARING	
Hearing on Placement	
FGDM	
PETITION FOR PERMANENT CUSTODY	
Termination Hearing	
DISMISSAL	



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CONFLICT OF INTEREST SCREENING FORM AND REQUEST FOR CONFLICT SEARCH

File Number

Client Name

Client's Prior Names

Criminal Cases

Was anyone else arrested with the client?

Prior names used by client or co-defendants

What are the charges against the client?

Is client or/ has client been represented by an Attorney?

Name and contact information

Do Co-defendants have – or have they had - counsel

Is client – or has client been – the victim of a crime?

Where and when?

Is client – or has client been – a witness to a crime?

Where and when?

Are any of the witnesses / victims listed on the Discovery represented, or have they been represented, by Counsel?

Is the client related to anyone in the Public Defender Office?

Has the client ever filed a complaint against the Public Defender Office or any Attorney in the Public Defender Office?

Has any Attorney within the Public Defender System ever withdrawn from representation of the client, or has the client ever requested that any Attorney within the Public Defender System withdraw?

Additional Inquiries for Delinquency Cases

Names of Parents / Guardians

Does Parent / Guardian have – or has Parent/Guardian Had – an Attorney:

Additional Inquires for Mental Commitment Cases

Has any member of the Public Defender Staff had direct contact with any of the mental health providers or physicians?

Additional Inquires for Dependency and Neglect Cases

Has a Guardian-Ad-Litem been appointed?

Are there foster care custodians?

People Related to the Defendant

Name

Relationship

Do any of the people listed above have Lawyers?

If so, name and contact information

Conflict data request

The information entered above identifies possible conflicts of interest.

Please check our database to confirm whether a conflict exists.

Requested by

Request Date

For OPD use only:

☐ No conflict identified

☐ Conflict identified as follows

Searched by

Search Date